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PTO/SB/21 (08-03)

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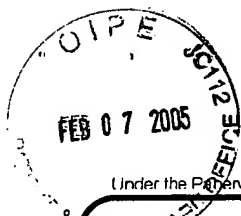
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/698,968
		Filing Date	October 26, 2000
		First Named Inventor	David CHERITON
		Group Art Unit	2143
		Examiner Name	Thomas J. MAURO, JR.
Total Number of Pages in This Submission	23	Attorney Docket Number	CISCP551

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm and Individual name	RITTER, LANG & KAPLAN LLP Cindy S. Kaplan, Reg. No. 40,043
Signature	
Date	February 2, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown: February 2, 2005			
Typed or printed name	Michelle R. Crosby		
Signature		Date	February 2, 2005

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 400.00

Complete if Known

Application Number	09/698,968
Filing Date	February 2, 2005
First Named Inventor	David CHERITON
Examiner Name	Thomas J. MAURO, JR.
Art Unit	2143
Attorney Docket No.	CISCP551

METHOD OF PAYMENT (check all that apply)

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☒ Deposit Account Deposit Account Number: 50-1652 Deposit Account Name: Ritter, Lang & Kaplan LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$.
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims: 36 - 20 or HP = 8 x 50 = 400.00
HP = highest number of total claims paid for, if greater than 20

Indep. Claims: 7 - 3 or HP = 0 x 200 = 0
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$): Fee Paid (\$):

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: - 100 = Extra Sheets: / 50 = (round up to a whole number) x Fee (\$): Fee Paid (\$):

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \$.

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	40,043	Telephone	408-446-8690
Name (Print/Type)	Cindy S. Kaplan	Date	February 2, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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